



# County of San Diego

CARLOS G. ARAUZ, IPMA-CP

DEPARTMENT OF HUMAN RESOURCES

(619) 531-5019

DIRECTOR

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FAX (619) 236-2376

Dear Fellow County Employee,

Please answer the following questions to determine if you may be eligible for a grant from the Government Employees' Crisis Fund, hereinafter called the "Crisis Fund".

	YES	NO
1. Are you on the active payroll?		
2. Are you experiencing an unanticipated, one-time emergency?		
3. Are you unable to provide basic necessities because of this emergency?		
4. Were you able to meet your financial obligations prior to the current crisis?		
5. Have you used all available existing assets or funds to the greatest extent possible? Please explain.		
6. Will you be able to meet your financial obligations after a one-time grant?		

If you answered yes to the above questions, complete this application as you may qualify for a one-time Crisis Fund grant. Please follow the directions below to minimize delays in processing your application.

- This Crisis Fund application cannot be processed without a fully completed application and documentation of:
  - All income for the household, including recent "Earnings and Deductions" statements for all working members of the household, and
  - All expenses, for example mortgage payment coupon, rental agreement, utilities, car repair estimates, charge cards etc.
- Fax all documentation to Yolanda Perez (619) 236-2376.

Once **all** the documentation is received, it will take approximately one week for your application to be processed. Part of the processing may include a face-to-face meeting with the Crisis Fund Coordinator who evaluates the application and makes a recommendation. The decision to grant funds is made by a confidential administrator, outside of Medical Standards, who will communicate with you by telephone, followed by a letter.

All applicants are encouraged to make a biweekly CECO contribution to replenish these funds through payroll deduction of as little as \$2.00 each payday. Please encourage your co-workers and friends to contribute as well. By doing so, funds will continue to be available for other employees.

If you need further information regarding the Crisis Fund application process, please contact Yolanda Perez, Fund Coordinator, at (619) 685-2482 or fax (619) 236-2376.

## GOVERNMENT EMPLOYEES' CRISIS FUND APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Department: \_\_\_\_\_ Mail-Stop: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_  
In household

### VERIFICATION CONSENT STATEMENT:

- A. Verification of the information contained in the Government Employee Crisis Fund Application is essential in determining eligibility and distribution of funds.
- B. Therefore, agents of the Medical Standards of Human Resources and the Government Medical Standards Fund Administrator will require permission to verify information provided on the application form.
- C. This verification may involve employers, creditors, banking/saving institutions, and other agencies designated in the application form.
- D. This process is carried out by all agencies administering financial assistance. Every effort will be made to accord the maximum of your privacy in this effort.
- E. Failure to authorize such verification risks denial of financial assistance.

I, \_\_\_\_\_, grant my permission for agents of the Crisis Fund to verify the information provided in the application form.

I understand that the permission can be revoked at any time except to the extent that action has already been taken.

And if not earlier revoked, it shall terminate on \_\_\_\_\_ or one year from the date of signature on this form.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## GOVERNMENT EMPLOYEES' CRISIS FUND APPLICATION

Describe the crisis that precipitated this application. (Feel free to use plain paper and a computer)

[illegible]

# GOVERNMENT EMPLOYEES' CRISIS FUND APPLICATION

## BUDGET INFORMATION

List all income of all household members and attach pay stubs or other similar documents.

### [1] MONTHLY INCOME INFORMATION:

Net wages, self ..... \_\_\_\_\_

Additional net wages, self ..... \_\_\_\_\_

Net wages, spouse ..... \_\_\_\_\_

Additional net wages, spouse ..... \_\_\_\_\_

Net wages, others in household ..... \_\_\_\_\_

Net wages, others in household ..... \_\_\_\_\_

Additional Household Income	Name of Recipient	Monthly Amount
Social Security Ins. (SS, SSI, SSDI, Survivors)	Name _____ monthly amount _____	
Unemp. Ins. Benefits (UIB)	Name _____ monthly amount _____	
State Disability Insurance (SDI)	Name _____ monthly amount _____	
Worker's Compensation	Name _____ monthly amount _____	
Welfare, including General Relief, Aid to Families with Dependent children (AFDC), or other government funds	Name _____ monthly amount _____	
Child Support	Name _____ monthly amount _____	
Annuities, Pensions	Name _____ monthly amount _____	
Any Other Household Income	Name _____ monthly amount _____	

**TOTAL MONTHLY HOUSEHOLD INCOME: [1] \_\_\_\_\_**

(Write total household income in box "1", in page 5)

## [2] MONTHLY EXPENSE INFORMATION

Expense	Regular Monthly Payment	Past Due Amount	Total
Mortgage or Rent			
Gas & Electric			
Phone			
Cell Phone			
Water			
Trash Disposal			
Renter's or Homeowner Insurance			
Cable TV / Internet			
Food			
Laundry / Dry Cleaning			
Clothing			
Child Care			
Car Payment			
Car Insurance			
Car Maintenance & gas			
Un-reimbursed Medical expenses			
► List all other Expenses			
TOTAL [2]			

## [3] OTHER LOANS & CREDIT DEBTS

Creditor Name Type of Debt	Regular Monthly Payment	Past Due Amount	Total
<u>Example</u> B of A VISA ----- Credit Card	\$ 97.00	\$ 97.00	2,423.00
-----			
-----			
-----			
-----			
TOTAL [3]			

	Monthly Payment	Past Due Amount	Total
[1] Total Income			
[2] Total Expenses			
[3] Total Creditors			
Total of expenses Add [2] + [3]			

\* Remember to attach bills!

**GOVERNMENT EMPLOYEES' CRISIS FUND APPLICATION  
DECLARATION OF OWNERSHIP**

**Part A:** If you are requesting rent or mortgage assistance and the payment will go to a Management Company or a Mortgage Company, please complete Part A of this form only.

Make check payable to: \_\_\_\_\_

\_\_\_\_\_

address                                      city                                      state                                      zip

in the amount of \$ \_\_\_\_\_. For mortgages, loan # \_\_\_\_\_

**Part B:** If you are requesting rental assistance and payment will be made to your Landlord or Property Manager, rather than a Management Company, please ask your landlord to complete this portion of the form only.

I, \_\_\_\_\_ owns/manages the property located at  
Name of Landlord (print)

\_\_\_\_\_

address                                      city                                      state                                      zip

\_\_\_\_\_

Property Owner/Property Manager's signature                                      date

\_\_\_\_\_

Phone number (include area code)                                      Fax Number (include area code)

Make check payable to: \_\_\_\_\_

\_\_\_\_\_

address                                      city                                      state                                      zip

Note: Any fraudulent claims could result in prosecution.